

PRESCHOOL PLAYCAMP EMERGENCY CARE FORM

Child's First Name: _____ Child's Last Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____

EMERGENCY CONTACT INFORMATION *(in the event your child is sick or injured we will contact the parents first in the order you indicate).* **All fields are required to be completed.**

Mother's Name: _____

Employer: _____

Work Phone: _____

Cell/Pager: _____

Can you be reached at the work number during preschool hours? (please circle) YES / NO

Father's Name: _____

Employer: _____

Work Phone: _____

Cell/Pager: _____

Can you be reached at the work number during preschool hours? (please circle) YES / NO

In the event we cannot contact parents, we will contact the following individuals to pick up your child. Please make sure these emergency contacts are local and can be reached during preschool hours.

Primary Contact:

Name: _____

Address: _____

Relationship to child: _____

Work Phone: _____

Cell/Pager: _____

Can we reach this person at the above number(s) during preschool hours? (please circle) YES / NO

Secondary Contact:

Name: _____

Address: _____

Relationship to child: _____

Work Phone: _____

Cell/Pager: _____

Can we reach this person at the above number(s) during preschool hours? (please circle) YES / NO

NOTE: FORM MUST HAVE TWO NON-PARENT EMERGENCY CONTACTS OR IT IS INCOMPLETE.

Child's Physician:

Name: _____ Address: _____

Phone: _____

Does your son/daughter have any medical condition that we need to be aware of such as allergies (especially bee stings) medications, recent operations or any other pertinent information that might require our special attention? _____ Yes _____ No

If yes, please explain: _____

Parent of Guardian Insurance Information:

Company: _____ Policy Number: _____

The Recreation Department has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent/Guardian: _____ Date: ____/____/____

Preschool Playcamp Forms

Herndon Parks & Recreation

(Please complete and sign each section)

PROOF OF IDENTITY

I. Proof of Child's Identity

You must show a certified copy of the birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of placement agreement or other proof of the child's identity with a child placement agreement or other proof of the child's identity with a child placement agency to one of the preschool playcamp teachers, administrative staff or Amanda Herzog, Recreation Services Supervisor II.

File Number _____

Item _____

Agency _____

Date Issued _____

STAFF SIGNATURE

DATE

II. List of all child day care centers and preschools the child has attended or list "none"

School/Day Care Center

City

State

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STANDARDS FOR LICENSED CHILD CARE CENTERS

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22 VAC 15-30-110. Parental Agreement #3.

A statement that the parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

I, (please print) _____, will report to the Herndon Community Center preschool playcamp program director any communicable diseases in my household within 24 hours of development, according to the Code of Virginia and the Board of Health.

PARENT/GUARDIAN SIGNATURE

DATE

(please turn over)

PICK-UP & DROP-OFF

The following people have permission to pick up and/or drop off my child from preschool playcamp: *(please print)*

PARENT/GUARDIAN SIGNATURE

DATE

FOOD RESTRICTIONS AND/OR FOOD ALLERGIES

CHILD'S NAME: _____

My child has the following:

FOOD RESTRICTIONS:

FOOD ALLERGIES:

PARENT/GUARDIAN SIGNATURE

DATE

PRESCHOOL PLAYCAMP

All About Me

Child's Name: _____
(First) (Last)

Does your child have a nickname he/she would prefer to use? _____

Sibling's names and ages: _____

Do you have a family pet? _____

What language(s) are spoken at home? _____

What language(s) does your child speak? _____

What holidays are celebrated in the home? _____

What are some of your child's favorite activities? _____

Is your child able to wash his/her hands independently? Yes No

Please explain: _____

Is your child able to use the bathroom independently? Yes No

Please explain: _____

Is your child able to dress self (*put on and remove basic clothing and outerwear*)? Yes No

Please explain: _____

Does your child enjoy listening to a story? Yes No

Do you currently read books at home? Yes No

Child's favorite story/book(s)? _____

Does your child have any fears? _____

What would you like your child to learn from this experience? _____

Families are encouraged to become involved in classroom activities. Please check (✓) any areas in which you would like to enrich the lives of the children the preschool playcamp program.

_____ Volunteer to read a story to the class or an art project

_____ Share a special talent

_____ Assist with a special event

_____ Parent volunteer

Please list any additional suggestions: _____
